



CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

## New Jersey Office of the Attorney General

Division of Consumer Affairs

State Board of Dentistry

124 Halsey Street, 6<sup>th</sup> Floor, Newark, NJ 07102

**VIA CERTIFIED AND REGULAR MAIL**



JEFFREY S. CHIESA  
Attorney General

ERIC T. KANEFSKY  
Director

June 11, 2013

RECEIVED AND FILED  
WITH THE  
N.J. BOARD OF DENTISTRY  
ON 7-1-13 DA

Mailing Address:  
P.O. Box 45005  
Newark, NJ 07101  
(973) 504-6405

Richard P. Russell, D.D.S.  
281 Bellevue Avenue  
Upper Montclair, NJ 07043

**RE: OFFER OF SETTLEMENT IN LIEU OF  
FORMAL ACTION – In the Matter of the  
Unlicensed Practice of Richard Russell**

Dear Dr. Russell:

The New Jersey State Board of Dentistry ("Board") reviewed your application for the reinstatement of your license to practice Dentistry in the State of New Jersey. During that review, the Board noted that you continued to practice dentistry with an expired license for fourteen (14) months, which is deemed the unlicensed practice of dentistry, in violation of N.J.S.A. 45:1-7.1(c), which is deemed professional misconduct pursuant to N.J.S.A. 45:1-21(e).

Prior to commencing formal action, the Board is offering you an opportunity to settle this matter. Please review the terms contained in this letter and if you agree, sign the attached "Acknowledgment and Agreement" and return it to the Board. This letter and the signed Acknowledgment and Agreement will be considered the equivalent of an order of the Board and will be public information. Once signed, failure to comply with the terms of this agreement will result in further action and additional sanctions.

By resolving this matter through signing the Acknowledgment and Agreement, you will:

1. Admit that you engaged in the practice of dentistry after your license expired in 2011.
2. Agree to the assessment of a civil penalty of \$5,000 for professional misconduct. You will begin to pay \$5,000 with one payment of \$500. The Board will stay the collection of the remaining \$4,500 of the penalty for a period of five (5) years. If during that five year period, you are found to have engaged in the unlicensed practice of dentistry, the total amount of the remaining \$4,500 penalty will be due immediately. If, at the end of the five year period, you have not violated this agreement or any law or regulation administered by the Board, the remaining \$4,500 civil penalty assessed by this agreement will be vacated. You acknowledge and understand the Board will pursue additional sanctions, including enhanced penalties, costs, attorney's fees, and contempt based on any new violation

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If you agree to these terms, sign the Acknowledgment and Agreement and return it to Jonathan Eisenmenger, Executive Director, New Jersey State Board of Dentistry, P.O. Box 45005, 124 Halsey Street, Newark, New Jersey 07101. Once filed, a copy will be forwarded to you. You may wish to consult with counsel regarding this offer of settlement.

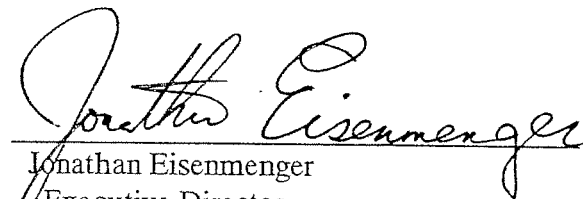
This settlement offer will remain open to you for (15) days from the date of service of this letter. In the event that no response is received from you within fifteen days of your receipt of this letter, the Board will deem its offer rejected and the offer will be withdrawn.

As stated above, should the Board file a civil or administrative action, it will seek penalties in excess of those offered in settlement and may seek an order requiring you to reimburse certain monies and/or requiring you to pay costs and attorney's fees.

Should you have any questions concerning this letter or the settlement offer, please do not hesitate to contact me at (973) 648-6405.

Sincerely,

**New Jersey State Board of Dentistry**

  
Jonathan Eisenmenger  
Executive Director

cc: Nancy Costello Miller, DAG

### ACKNOWLEDGMENT AND AGREEMENT

I, **Richard Russell**, admit that I practiced dentistry after I failed to renew my license, which expired in October 2011.

I agree to cease and desist from violating the statutes and regulations of the Board, and will only continue to practice dentistry while my license is active and valid.

I agree to the assessment of a civil penalty of \$5,000.00 against me for professional misconduct. I will make one payment of \$500. I understand that the remaining \$4,500 penalty will be held in abeyance for a period of five years, and will be forgiven if I am not found in violation of the statutes and regulations of the Board, including the continued practice of dentistry with an active and valid license. I also understand that if I am found to have engaged in the practice of dentistry in the State of New Jersey during the five year period without an active and valid license, the entire amount will immediately become due.

I understand that if I am found to engage in, or permit the unlicensed practice of dentistry in the dental office, I will be subject to additional sanctions, including injunctive relief, second offense penalties consistent with N.J.S.A. 45:1-25, attorney's fees, and costs.

I am aware that by signing this acknowledgment and agreement, I am certifying that I have read and understand the settlement proposal offered in the letter from the New Jersey State Board of Dentistry dated June 11, 2013. I understand that by signing this document, I am waiving any rights I may have to defend myself against the charges of wrongdoing. I am also aware that the action taken against me by the Board is a matter of public record, and that the letter and the Acknowledgment and Agreement are public documents.

Richard P. Russell, D.D.S.  
Richard P. Russell, D.D.S.

June 25, 2013  
Date

JUL 1 - 2013